



Summer Camp Registration Form

(one camp/one participant per form, photo copies of form are acceptable)

*Camp Name: _____ *Camp Dates: _____ Option: _____

*Camp Region (please circle): Northern Southern Eastern Central

*Participant Name: _____

*Age: _____ *Date of Birth: _____ *Sex: M F *Fauquier Resident: Yes / No

*Parent(s) Name: _____

*Address: _____ *City, Zip: _____

*Phone: (hm) _____ (wk) _____ (cell) _____

*Camper's T-shirt: Youth or Adult Size: XL L M S (not all camps include t-shirts)

Emergency Contacts
(Two (2) must be filled out, parents are always first contact, please include someone besides a parent)

*1) Name: _____ Relationship to child: _____
 Phone: (hm) _____ (wk) _____ (cell) _____

*2) Name: _____ Relationship to child: _____
 Phone: (hm) _____ (wk) _____ (cell) _____

Please list up to three (3) names of individuals that have your permission to pick up your child from camp. Anyone not on this list will not be allowed to leave with your child unless we receive a written consent from you (parent/guardian). (Please remind these individuals to bring a photo ID).

*1) _____

*2) _____

*3) _____

Please list any allergies, restrictions, or special accommodations that your child has that staff need to know about. _____

*Family Physician: _____ *Phone: _____

*Insurance Provider: _____ *Identification Number: _____

*Subscriber Name: _____ *Group Number: _____

Other Necessary Information: _____

In consideration of the permission granted, I hereby grant permission for the person named on the reverse side to participate in the program described and associated activities sponsored by the Fauquier County Parks and Recreation Department. I further release the Fauquier County Parks and Recreation Department, the County of Fauquier, its agents, employees, and volunteers from all action, damages, claims, or demands and all liability which might be incurred during the conduct of this activity.

I further authorize Department officials to take the proper steps to provide medical attention should participant be injured while participating or being transported to or from any Department sponsored activity and I hold said officials and the Fauquier county Parks and Recreation Department harmless therefore.

I have read the policies pertaining to cancellations, refunds, rules and regulations, etc. as pertain to this activity. I acknowledge the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the persons participating.

I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Unless otherwise noted, I hereby give permission for photographs and videotape of the above-mentioned camper and camper's activities, events, classes, and programs to be used for promotional purposes (no names will be included) by Fauquier County Parks and Recreation Department.

X _____ X _____ _____

Signature of Parent/guardian Signature of participant (7yr. or older) Date

* **REQUIRED INFORMATION** all required information must be completed